

AUG 18 2006

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TO: United States Patent and Trademark Office

Fax No. 571-273-8300

FROM: S. Robert Chuey

Fax No. 513-634-3752

Phone No. 513-634-0102

Application No.: 10/606,260

Inventor(s): David Vincent Zyzak, et al.


Filed: June 25, 2003

Docket No.: 9114ML

Confirmation No.: 4525

FACSIMILE TRANSMITTAL SHEET AND
CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8

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- 1) Notice of Appeal (1 page)
- 2) Fee Transmittal (1 page)
- 3)

Number of Pages Including this Page: 3**Comments:**

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(FAX-USPTO.doc Revised 11/18/2005)

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/606,260
Inventor(s) : David Vincent Zyzak, et al.
Filed : 06/25/2003
Art Unit : 1761
Examiner : Keith D. Hendricks
Docket No. : 9114ML
Confirmation No. : 4525
Customer No. : 27752
Title : Method for Reducing Acrylamide in Foods, Foods Having
Reduced Levels of Acrylamide, and Article of Commerce

NOTICE OF APPEAL FROM THE EXAMINER TO
THE BOARD OF PATENT APPEALS AND INTERFERENCES

Mail Stop AF
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. Authorization is hereby given to charge the required fees or any additional fees that may be required, or credit any overpayment, to Deposit Account No. 16-2480 in the name of The Procter & Gamble Company.

Respectfully submitted,

THE PROCTER & GAMBLE COMPANY


Signature

S. Robert Chuey

Typed or printed name

Registration No. 39,140

(513) 634-0102

Date: 8/18/06

Customer No. 27752

(Appeal - Notice of.doc)
(Last Revised 04/25/2006)

08/21/2006 KVVONGSI 00000033 162480 10606260

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FEE TRANSMITTAL for FY 2006 Patent fees are subject to annual revision. Effective December 8, 2004		Complete If Known	
		Application Number	10/606,260
		Confirmation Number	4525
		Filing Date	06/25/2003
		First Named Inventor	David Vincent Zyzak
		Examiner Name	Kelth D. Hendricks
		Art Unit	1761
TOTAL AMOUNT OF PAYMENT (\$500)		Docket No.	9114ML

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																								
<p>1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:</p> <p>Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company</p>	<p>5. ADDITIONAL FEES</p> <table style="width:100%;"> <tr> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> <tr> <td>Extension for reply within 1st month</td> <td style="text-align: right;">(\$120) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2nd month</td> <td style="text-align: right;">(\$450) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3rd month</td> <td style="text-align: right;">(\$1,020) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4th month</td> <td style="text-align: right;">(\$1,590) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5th month</td> <td style="text-align: right;">(\$2,160) <input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td style="text-align: right;">(\$180) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)</td> <td style="text-align: right;">(\$130) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet</td> <td style="text-align: right;">(\$50) <input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td style="text-align: right;">(\$130) <input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td style="text-align: right;">(\$500) <input checked="" type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td style="text-align: right;">(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td style="text-align: right;">(\$1,000) <input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td style="text-align: right;">(\$1,370) <input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>	Fee Description	Fee Paid	Extension for reply within 1 st month	(\$120) <input type="checkbox"/>	Extension for reply within 2 nd month	(\$450) <input type="checkbox"/>	Extension for reply within 3 rd month	(\$1,020) <input type="checkbox"/>	Extension for reply within 4 th month	(\$1,590) <input type="checkbox"/>	Extension for reply within 5 th month	(\$2,160) <input type="checkbox"/>	Information Disclosure Statement fee	(\$180) <input type="checkbox"/>	37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)	(\$130) <input type="checkbox"/>	37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet	(\$50) <input type="checkbox"/>	Non-English specification	(\$130) <input type="checkbox"/>	Notice of Appeal	(\$500) <input checked="" type="checkbox"/>	Filing a brief in support of an appeal	(\$500) <input type="checkbox"/>	Request for oral hearing	(\$1,000) <input type="checkbox"/>	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370) <input type="checkbox"/>	Other:	<input type="checkbox"/>																										
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<p style="text-align: center;">FEE CALCULATION</p> <p>2. BASIC FILING FEE - Large Entity</p> <table style="width:100%;"> <tr> <th style="text-align: left;">Application Type</th> <th style="text-align: right;">FEE</th> <th style="text-align: right;">SEARCH FEE</th> <th style="text-align: right;">EXAMINATION FEE</th> <th style="text-align: right;">Fee Paid</th> </tr> <tr> <td>Nonprovisional (\$300)</td> <td style="text-align: right;">(\$500)</td> <td style="text-align: right;">(\$200)</td> <td></td> <td></td> </tr> <tr> <td>Utility</td> <td></td> <td></td> <td>(Total = \$1000)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Design (\$200)</td> <td style="text-align: right;">(\$100)</td> <td style="text-align: right;">(\$130)</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>(Total = \$430)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Reissue (\$300)</td> <td style="text-align: right;">(\$500)</td> <td style="text-align: right;">(\$600)</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>(Total = \$1400)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Provisional Utility filing fee</td> <td></td> <td></td> <td>(Total = \$200)</td> <td><input type="checkbox"/></td> </tr> </table> <p>3. APPLICATION SIZE FEE:</p> <p>Sheets of Spec and Drawings <input type="checkbox"/> (\$250 for each 50 sheets in excess of 100, except for sequence and program listings)</p> <p style="text-align: right;">SUBTOTAL (2)+(3) (\$) <input type="checkbox"/></p> <p>4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE:</p> <table style="width:100%;"> <tr> <th style="text-align: left;">Total Claims</th> <th style="text-align: right;">Extra Claims</th> <th style="text-align: right;">Fee from Below</th> <th style="text-align: right;">Fee Paid</th> </tr> <tr> <td><input type="checkbox"/> - 20** = <input type="checkbox"/> x</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;">=</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;">=</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Multiple Dependent claims:</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;">=</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <p>Fee Description</p> <p>Claims in excess of 20 (\$50 per claim)</p> <p>Independent claims in excess of 3 (\$200 per claim)</p> <p>Multiple dependent claim, if not paid (\$360)</p> <p>**Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim)</p> <p>**Reissue claims: each claim over 20 and more than original patent (\$50 per claim)</p> <p style="text-align: right;">SUBTOTAL (4) (\$) <input type="checkbox"/></p>	Application Type	FEE	SEARCH FEE	EXAMINATION FEE	Fee Paid	Nonprovisional (\$300)	(\$500)	(\$200)			Utility			(Total = \$1000)	<input type="checkbox"/>	Design (\$200)	(\$100)	(\$130)						(Total = \$430)	<input type="checkbox"/>	Reissue (\$300)	(\$500)	(\$600)						(Total = \$1400)	<input type="checkbox"/>	Provisional Utility filing fee			(Total = \$200)	<input type="checkbox"/>	Total Claims	Extra Claims	Fee from Below	Fee Paid	<input type="checkbox"/> - 20** = <input type="checkbox"/> x	<input type="checkbox"/>	=	<input type="checkbox"/>	Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x	<input type="checkbox"/>	=	<input type="checkbox"/>	Multiple Dependent claims:	<input type="checkbox"/>	=	<input type="checkbox"/>	<p style="text-align: right;">SUBTOTAL(5) (\$) [500]</p>
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SUBMITTED BY			
Name (Print/Type)	S. Robert Huey	Registration No. (Attorney/Agent)	39,140
Signature			Complete (if applicable) Telephone (513) 634-0102 Date 8/18/2006